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DEPARTMENT OF VISITING NURSING AND SOCIAL WELFARE

IN CHARGE OF

EDNA L. FOLEY, R.N.

“Comparative Results of Institutional and Non-Institutional Treatment of Tuberculosis.”—Hoffman.

Tuberculosis nurses frequently have to overcome the objections of patients who prefer home to sanatorium treatment. Occasionally the advice of people who should know better is to the effect that sanatorium treatment can be obtained in the home less expensively; that, after all, it is only a question of food, rest, fresh air, and graduated exercise. This is like saying that the only difference between hospital and correspondence-school nursing is that in the first place you are trained in nursing, by the latter method you believe you are being trained.

The exceptional sufferer from tuberculosis, who has good poise, strong will and comfortable surroundings, may make a good recovery under treatment in his own home. The average tuberculous patient, however, has neither the mental, social nor domestic equipment that home treatment requires. He will worry, or his family and friends will worry for him, and the slightest physical improvement is often sufficient to prove to him that he no longer needs to follow his physician's directions absolutely, but may use his own superior judgment. In a sanatorium, surrounded by other patients, all carefully watched and living according to rule, he is not thus tempted and is morally as well as physically bolstered over fits of exaltation and depression. Illuminating figures, showing conclusive reasons why patients should leave home for treatment for tuberculosis have been compiled in Germany and published by the United States Bureau of Labor, in a study entitled “Care of Tuberculous Wage Earners in Germany,” by Frederick Hoffman. In Leipzig, in 1893, it was ascertained that of 188 male tuberculous patients, under observation for three years, 74 per cent had died; after five years, 93 per cent. No sanatorium treatment had been given. Even allowing for the possibly advanced conditions of these patients, these figures indicate a need for other than home treatment.

In 1907, a special investigation was made of 502 patients under observation of the Invalidity Insurance Institution of the Hanse Towers

for the preceding six years. These patients had been watched, advised and reëxamined during this period, but had not been considered candidates for sanatorium treatment. It was found that only 18.5 per cent were at work; 30.3 per cent had died; and 41.8 per cent were still drawing disability annuities. Of 715 tuberculous, ex-sanatorium members of the same insurance institution, investigated after six years, 65.3 per cent were able to work, 18 per cent had died and only 11 per cent were drawing disability annuities. Hoffman quotes Burckhardt as saying "It is self-evident that the results of sanatorium treatment are decidedly more satisfactory than those secured by other methods of treatment for tuberculosis of the lungs, but particularly in two directions, i.e., the death rate is less and the duration of continued earning capacity is much longer."

Armed with these facts, tuberculosis nurses should more than ever work for sanatorium care for their patients.

ITEMS

ILLINOIS. The exhibit of the Chicago Tuberculosis Institute has been shown this past year in nearly every neighborhood park in the city. The exhibit consists of screens illustrating good and bad housing, infected family groups, work in outdoor schools and sanatoria, various types of outdoor sleeping arrangements and statistical charts and spot maps. In addition, an adult "Klondike Bed" and a child's sleeping outfit are demonstrated to any interested visitor. The whole outfit occupies wall and floor space of two large rooms, and twice daily, during its stay at each park, programs with music, speakers and "movies" are planned. The whole neighborhood contributes talent; public school children sing, drill or recite, the park clubs give small plays and the adults take part in the various programs of "Bohemian Day" "Ruthenian Day," Polish, Lithuanian or "German Day," etc. During the recent visit of the exhibit to Davis Square, "behind the yards," as the district is known in Chicago, thirty programs were planned and given in two weeks. Six public health nurses served as chairmen or spoke at some of these conferences and more than thirty were present at a late afternoon "Social Workers Symposium" on "Various Aspects of the Tuberculosis Problem in the Stock Yards District." Dr. Theodore B. Sachs was chairman, and, led by Miss Mary MacDowell, of the University of Chicago Settlement, who spoke on "The Human Side of the Problem," the following subjects were discussed by nurses, physicians and relief workers. "The Problem as Viewed by the Tuberculosis Nurse," "Medical Aspects of the Problem," "The Problem as Faced by the Relief Agency," "The Problem in its Relation to Industry,"

"Some Cost Figures as Applied to Tuberculosis," "New York's Experiment in Treating Tuberculosis at Home," "Summary and Suggested Program for the Stock Yards District." More than 75 workers from a dozen or more agencies were present, and a helpful, stimulating meeting sent everyone away with a fresh insight into the many-sidedness of this most perplexing, inclusive social problem. Such gatherings of neighborhood workers are as valuable as rural institutes, for more friendly, intelligent coöperation invariably follows a frank and public discussion of the special problems of each worker. In the daily routine of dispensary, home-visiting, or relief work, the pressing economic need of each individual or family group may cause workers to forget the strides that have been taken in this field in the past ten years. It is good to hear the pessimism of some workers answered by the unfailing scientific optimism of Dr. Sachs, whose splendid work among the tuberculous of Chicago for the past twenty years has been, and is still, progressively toward a positive goal. Tuberculosis is a problem of yesterday, today and tomorrow; it is social and economic, domestic and foreign, civic and individual. Above all it is a problem of more education for everyone, field workers as well as patients. Knowledge and more knowledge, patience, faith, justice for the uninfected, tempered with mercy for the unfortunate patient, are the tools of the field worker. No one more than the tuberculosis nurse needs to keep pace with the research work in this field.

Rosalind Mackay, R.N., for several years head nurse of the Stock Yards District Dispensary of the Municipal Tuberculosis Sanatorium, is at present acting-superintendent of the Municipal Tuberculosis Nurses.

At a recent luncheon called in Chicago by the Tuberculosis Institute, the "Physical Examination of Employees" was discussed. About fifty physicians, employers, social workers and nurses were present. Samuel Gompers, speaking as President of the American Federation of Labor, approved of much of the present medical welfare work being done in Chicago, but said that workmen would resent physical examination if it led to nothing but dismissal. This may have been an earlier view of the value of this work. Now, however, representative firms are giving home and sanatorium treatment to their sick and disabled employees, and are keeping them on the pay-roll in the meantime. One employer emphasized the fact that the expense of the medical staff (including a visiting nurse) and dispensary was "of great commercial advantage to the firm in the improved physical condition of the employees." The general manager of a large house employing from 3750 to 5500 men and women, said that the time-keeping department

reported that the initial physical examination of all employees resulted in a decidedly improved personnel, and that the \$15,000 which the firm spent annually on its medical department was well invested money. This firm maintains a shack for its tuberculous patients at a local private sanatorium, and its employees are insured in a mutual benefit association. The examining physician of one very large corporation reported a reduction of 38 per cent in the tuberculosis found in 1913 as compared with that discovered in 1912, as a result of the painstaking campaign of education, examination and treatment of all employees found infected. The firm was averaging \$1.50 per capita for special tuberculosis work alone. This same corporation reported that the ratio of change in the personnel of the employees of certain departments was 60 per cent as against 300 per cent three years ago. This was believed to be due to the physical examination of all new employees, the result being a more stable and efficient, because physically able, staff. Another employer reported that his house was spending \$48,000 annually for the physical welfare of its 12,000 workers, and was planning shortly to increase its staff of physicians and visiting nurses. All of the speakers seemed to feel that any money used in this way was wisely spent and several emphasized the value of home follow-up work by both physicians and nurses.

In this connection, the first annual report of Agnes McCleery, special visitor for Ed. V. Price and Company, a large custom tailoring establishment, is of special interest. 1389 office consultations were held with 983 individuals, representing 24 nationalities. 607 dressings were done and 280 homes visited. 201 employees were referred to physicians and 84 to hospitals and other agencies.

WISCONSIN. Another city that is interested in industrial visiting nursing is Milwaukee. The Visiting Nurse Association has three industrial visiting nurses, seven general district nurses and five school nurses. The school nurses devote all their time to work for children at school or in their homes, working closely with the Chief Medical Inspector, with whom a weekly conference is held every Saturday. The industrial nurses made 5874 visits to 1482 patients during the year and did 2086 dressings at the plants. Industrial and insurance nursing are full of great possibilities. A visiting nurse recently said that life insurance used to mean to her simply death benefit, now it meant health insurance and suggested longer, happier lives.

As workmen's compensation laws become more universal, industrial visiting nursing will undoubtedly prove another way of "giving skilled nursing service to the great middle class." In this connection, the following quotation from one of the firms is of timely interest.

"In addition to the assistance given our employees, the work of the nurse has been of decided benefit to the company in carrying its own risk under the Wisconsin Workmen's Compensation Act. We know of no method so efficient for keeping in close touch with our accident cases." Mrs. Kate Kohlsaas is the superintendent of nurses. A February campaign for funds has just brought the Association more than \$5000.

MISSOURI. In the third annual report of the St. Louis Visiting Nurse Association, the president mentions an "Ordinance for Placing Charity Nursing under the Hospital Board of the City," prepared jointly by six organizations employing nurses. The Municipal Assembly did not take action on this ordinance, but it is significant of a growing desire to see state control of all care of the sick poor. Just why only the sick poor should be considered is puzzling some people, who feel that poverty is a more or less relative term, and that more than the destitute poor should be entitled to this state service. In the superintendent's (Margaret McClure) report, a plea is made for all-the-year-round baby welfare work. This organization was one of the earliest to place special emphasis on pre-natal and baby welfare nursing. Four of the visiting nurses took the course of twenty lectures given by the School of Social Economy on "Social Service from the Viewpoint of the Professional Nurse." Ella Phillips Crandall was in St. Louis January 27-28-29. The Board of Directors of the Visiting Nurse Association and the Social Service Department of the St. Louis Children's Hospital and Washington University entertained her. At 8 p.m., January 27, she spoke to over 200 nurses under the auspices of the Graduate Nurses' Association. At 11 a.m., January 28, she met with the Arrangements Committee of the National Organization for Public Health Nursing, and at 3.30 the same day, talked to all nurses employed in public health nursing. On January 29, at 11 a.m., she met the Visiting Nurse Association Board at the home of their new president, Mrs. J. B. Shapleigh, and at 4 p.m. talked before the members of both organizations at the home of Mrs. D. Catlin. Miss Crandall's visit was an inspiration to nurses and directors alike.

INDIANA. The Public Health Nursing Association of Indianapolis also entertained Miss Crandall in January. She addressed several large meetings of nurses, club women and interested citizens, and was guest of honor at a Chamber of Commerce luncheon. An editorial in the Indianapolis *Star* gave a very good idea of the possibilities of the publichealth nurse of the future. Indianapolis has now medical school inspection and three public health nurses, and the local association, Mrs. Peter Bryce, president, is to be congratulated on its good work.